

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
John H. Harland
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 25 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000036940

1. Corporation Name

FIGUEROA ENTERPRISE, INC.

Principal Place of Business

Mailing Address

6290 W 24TH CT. BLDG 5, #107
HIALEAH FL 33016

6290 W 24TH CT. BLDG 5, #107
HIALEAH FL 33016

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

5961 NW 201 LN

Suite, Apt. #, etc.

MIAMI

City & State

MIAMI FLORIDA

Zip

33015

Country

USA

3. New Mailing Office Address, If Applicable

5961 NW 201 LN

Suite, Apt. #, etc.

MIAMI

City & State

MIAMI FLORIDA

Zip

33015

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/23/1998

5. FEI Number

65-0832161

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	FIGUEROA, INOCENTE W	6290 W 24TH CT, BLDG 5, #107 5961 NW 201 LN FL 33016	HIALEAH FL 33016
SE	FIGUEROA, ENRIQUE	3395 W 14TH AVE	HIALEAH FL 33012

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FIGUEROA, INOCENTE W
6290 W 24TH CT, BLDG 5, #107
HIALEAH FL 33016

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/22/99

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305 620 8526